

P.O. BOX



Update on the Happenings of HCFA's Managed Care Systems and Support Operations

Health Plan Payment and Operations Support, CHPP - Health Care Financing Administration

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UPDATE ON WORKING AGED PROCESS

Effective January 8, 2001, the HCFA's Part B Carriers will no longer update Medicare Secondary Payer (MSP) Auxiliary Files on the Common Working File (CWF). This responsibility was transferred to the HCFA's Coordination of Benefits (COB) contractor. On November 1, 1999, HCFA awarded the COB Contract to

Group Health Incorporated (GHI) based in New York. The COB contractor assumed the workload of updating the CWF when the MCO cannot update or delete MSP Working Aged (WA) records on the CWF. New procedures for submitting CWF requests to the COB contractor has been established and can be obtained in a letter that was mailed to your MCO in December 2000. The letter is also available on the internet at the following website address: <http://www.hcfa.gov/medicare/workaged/waproc1.htm>. **NOTE: MCOs will continue to update termination dates, retirement dates, as well as adding new MSP situations to the CWF record. Records that you have added, will display the new COB Contractor number, 11103. MCOs must continue to submit these records under the current processes, on-line MCCOY, Electronic File Transfers (EFTS) or by 3rd party vendor (i.e., Axiom**

Computer Services). Please refer to the Plan Communications Users Guide for the processes used to submit these WA transactions to HCFA.

Effective January 8, 2001, all Medicare+Choice and Demonstration organizations will be required to send to the COB contractor a CWF referral form for each beneficiary request (see letter mentioned above) along with the developed survey or questionnaire from the beneficiary.

These requests should be forwarded to the following address:



MEDICARE-
Coordination of Benefits
Contractor MSP Claims
Investigation Project
P.O. Box 5041
New York, NY 10274-
5041

In an effort to ensure the highest integrity and quality of information contained on the CWF, the COB contractor is the ultimate source in determining

what information will be added, modified, or deleted from the CWF.

If you require clarification on this update of the Working Aged process, please contact your HCFA Central Office Health Insurance Specialist assigned to your region. For a list of contacts in your region, please go to the following website address:

<http://www.hcfa.gov/medicare/teamann.htm> .

MEDICARE MANAGED CARE ENROLLMENT AND PAYMENT CONFERENCE - UPDATE

As stated in the June 2000 issue of the P.O. Box, the Managed Care Enrollment and Payment conference, which was planned for the week of September 18th, 2000, was changed to the week of March 27th, 2001. The conference will be held at the Wyndham hotel in downtown/inner harbor area of Baltimore, Maryland. A draft conference agenda will be posted on our website during the week of January 22, 2001. In addition, information on the hotel's

location, registration and the conference registration form will be available on the same site during the week of January 29th, 2001.

Hotel accommodations will be on a first come basis at the following government per diem rate – single rate is \$110.00 per night and \$130.00 for the double rate. We have reserved a limited number of standard single rooms where the conference will be held. No double rooms were reserved, but some will be available. We will identify other hotels in the area that will be able to accommodate any overbooking, however reservations made at other hotels are not subject to the government per diem rate.

Our web sites – www.hcfa.gov/medicare/mgd-sem.htm or – www.hcfa.gov/medicare/systinfo.htm will be updated as we get more information.



MONTHLY MEMBERSHIP REPORT REVISED FOR 2001

To facilitate Medicare+Choice (M+C) payment reconciliation efforts, additional information will be provided on the Monthly Membership Report (MMR) beginning with the January 1, 2001 edition. The following items will be added:

- the risk adjuster age group applicable to the member for the payment year,
- the previous disabled ratio and
- the congestive heart failure (CHF) indicator.

In addition, for adjustments, the following will be displayed:

- the risk adjuster components (previous disabled ratio, Medicaid add-on, PIP-DCG category and; default indicator) and
- the 100% demographic and 100% risk adjuster amounts.

This information has been added to both the formatted report and the data file. **The record length for the data file has been increased from 170 to 182.**

See Operational Policy Letter

2000.126 for more information

TESTING PROCESS FOR THE REVISED 2001 MONTHLY MEMBERSHIP REPORT

Beginning 12/ 22 /2000 (The date January 1, 2001 payment reports are created), HCFA has made available to Managed Care Organizations (MCOs) a revised test version of the "Monthly Membership Report". This report includes additional data elements for Risk Adjuster reporting purposes. This report is available for downloading through the HCFA mainframes' TSO (Time Sharing Option), TEST GROUCH system.

The purpose of the test data is to *demonstrate the revised format* of information that your MCO will be receiving. These files contain risk adjustment data that is not related to the actual payment rates that you will see in Calendar Year (CY) 2001. The test files were created from data that is completely arbitrary and uses the date of November 2000. This means that the data does not represent any organization's membership and cannot be used to test the

payment or adjustment calculations. Note that the record length has been increased from 170 to 182.

For additional information please access the Internet webpage:
<http://www.hcfa.gov/medicare/mmltr.htm>



RECONCILIATION OF CY 2000 RISK ADJUSTER PAYMENTS

The first year of payment under the risk adjustment method has been completed. During CY 2000, M+COs were paid a blend of 90% of the demographic rate

and 10% of the risk adjusted rate. While any adjustments to these payments were made timely for the 90% demographic portion, some adjustments to the 10% risk adjusted portion had to be delayed. They will be processed as a reconciliation to be conducted during the middle of CY 2001.

Adjustments to the 10% risk adjusted portion of CY 2000 payments will involve changes in:

- date of birth,
- gender,
- Medicaid status,
- Previously disabled status and
- PIP score (due to additional encounter data).

These changes require that the risk adjuster factor be recomputed.

M+COs will be notified regarding these adjustments on two reports:

- the Transaction Reply Report via reply code 57 and
- the Monthly Membership Report via adjustment reason code 25.

These adjustment payments are scheduled to be made on July 1, 2001. See Operational Policy Letter 2000.126 for more information.

SETTING UP HOST-ON-DEMAND (HOD) TO ACCESS HCFA'S DATA CENTER(HDC)

Beginning November 2000, Host on Demand became the new TN3270 interface software to HCFA's HDC. A few Managed Care Organizations (MCOs) have experienced problems with the new software. So we have listed some procedures to follow when converting over to the new software.

The user must first setup a Trusted Internet Site on MS Internet Explorer.

- Select **View**
- Select **Internet Options**
- Select the **Security** tab
- **Click on button** for drop down menu of Zone
- Select **Trusted Zone**
- Click on **Add Sites**
- Type in IP Address - <https://158.73.207.36>
- Click on **OK**

Second, the user must create a Host On Demand Icon on AGNS.

Instructions for this procedure can be found on pages 3-20 to 3-22 in the July 1999 version of the Plan Communications User Guide. (it is the same procedure for creating an icon for the TN3270/OCWebConnect).

Instructions for this procedure can also be found on pages 3-19 to 3-21 in the June 2000 version of the Plan Communications User Guide. (it is the same procedure for created an icon for the TN3270/OCWebConnect).

Third, Download the Host On Demand software updates.

The user will encounter a window that will ask them to download the Host On Demand software updates when trying to connect. This will be a timely download, so give it about 15-45 minutes.

Forth, Restart MS Internet Explorer and connect to HCFA via Host On Demand.

After the download is complete the user will be asked to restart MS Internet Explorer.

The user should restart the browser and logon under normal operating procedures.

Note:

Log onto the domain in the similar way to OCWebConnect. But, the user does not have to enter in the Domain anymore. By this we mean, the user does not have to enter a "HCFA.GOV" at the network level with their User Id and their HITS Password.

If you require assistance to get through this task, please call the HCFA central office technical support specialist for your region. For a list of contacts in your region, please go to the following website address: <http://www.hcfa.gov/medicare/teamann.htm> .

OODLES OF DISCOVERIES

FISCAL YEAR 2001 BBA USER FEE

HCFA has established the FY 2001 Balanced Budget Act (BBA) User Fee Percentage at 0.048 percent. This percentage will be collected from gross monthly capitation payments beginning with the January 2001 payment to eligible Medicare+Choice contracts. This means starting January 2001

payment through September 2001 HCFA will assess those M+Cs subject to the user fee an amount equal to 0.048% of the total calculated monthly payments until the \$17 million in total fees has been collected.

CALENDAR YEAR 2001 PLAN GHP SYSTEM OPERATING SCHEDULE

The Year 2001 GHP System Operating schedule was released in October 2000. The schedule can be found at the following website address:

<http://www.hcfa.gov/medicare/01schpld.htm> .

USING THE HOST ON DEMAND (HOD) TOOLBAR FUNCTIONS FOR SENDING AND RECEIVING REPORTS FROM HCFA

After selecting **TSO** from the **HDC** application menu the user is provided with a choice from the new HOD Toolbar. You can select either the **SEND** button to **upload data** to HCFA (Enrollment/Disenrollment and Working Aged) or **RECV** to **download data** from HCFA (GROUCH reports). These

buttons will differ a slight bit from the **TN3270** as to what you will put in the fields required by either the **SEND** or **RECV** function.

The user must be at the **TSO READY** prompt before starting your **SEND** or **RECV** function.

Sending data to HCFA (Enrollment/Disenrollment or Working Aged data)

1. Click the **SEND** button on the Toolbar--Uploading data to HCFA
2. Fill in the required fields--**PC File Name, Host File Name, Transfer Mode (MUST ALWAYS BE TEXT)**
3. **HINT:** The **Options box** must be opened:
RECFM must be changed from (V) to (F)
LRECL must be changed from (133) to (80) for Enrollment/Disenrollment data

(133) to (423) Cylinders (5,5) for Working Aged data

Then click **OK**

4. Click **Add to list** button and then click the **Send** button at the bottom of the window.

Downloading data from HCFA (GROUCH Reports)

1. Click the **RECV** button on the Toolbar--Downloading data from HCFA
2. Fill in the required field names--again, Transfer Mode (**MUST ALWAYS BE TEXT**)
3. **HINT:** The **Options box** must be opened:
ASCII CRLF will be there
Click **OK**
4. Click **Add to list** button and then click **Receive** button at the bottom of the window.

BIPA - BENEFITS IMPROVEMENT AND PROTECTION ACT -

Check out website <http://www.hcfa.gov/medicare/cy2001.htm> to review the Q's and A's to see which provisions effect your organization.

